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BOROUGH OF SALTASH

R E P O R T
of the
MEDICAL OFFICER OF HEALTH
for 1959.



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TO THE MAYOR, ALDERMEN AND COUNCILLORS
OF THE BOROUGH OF SALTASH.

Your Worship, Ladies and Gentlemen,

The estimated population of No. 7 Health Area fell by 500 in 1959 to a total of 50,730. Of individual County Districts St. Germans Rural District, Torpoint Urban District and Liskeard Municipal Borough all showed decreases; there was no change in Liskeard Rural District and Saltash Municipal Borough and Looe Urban District had small increases. The corrected birth rate of 14.0 per 1000 of population was below the 1958 rate and was also below the national rate of 16.5 live births per 1000 of the population. The number of still-births fell by 7 to a total of 13 as compared with 1958 and brought the still-birth rate slightly below that for England and Wales.

The corrected death rate of 12.4 per 1000 of population was slightly above the national figure of 11.6 and the excess of deaths over live births was 61 suggesting a higher than usual proportion of elderly persons in the population of South East Cornwall. There were no deaths attributable to pregnancy and childbirth and infant deaths fell by 6 to a total of 9, bringing the infant mortality rate well below that for the country as a whole.

The prevalence of diseases causing death was substantially unchanged with heart disease, cancer and "strokes" in that order at the head of the list. Of the specifically defined forms of cancer that affecting the stomach was the most frequent cause of death with cancer of the lung and bronchus following very closely behind it.

The incidence of infectious disease (not including tuberculosis) was not particularly heavy during 1959 when 615 cases in all were notified. Cases of measles, of which 444 were notified, made up two-thirds of the total. Of the more serious forms of notifiable disease one case of non-paralytic poliomyelitis and one case of meningitis only were notified. If previous impressions are any guide I would have expected some increased prevalence of poliomyelitis in association with the hot dry summer weather of 1959. The fact that one mild case only occurred leads one to hope and believe that the poliomyelitis vaccination campaign has produced this wholly desirable result. It is yet too early to express any firm or useful opinion on the duration of the immunity which the vaccine provides but there are suggestions that a further (fourth) injection will be necessary to provide really satisfactory immunity of reasonable duration. Whilst the response to this prophylactic measure was quite good in those up to 15 years of age, in the 15 to 25 year age group the interest shown was very poor, and the majority in this age group have not bothered to avail themselves of this measure of protection against poliomyelitis. This scheme has now been extended to include persons up to the age of 40 years, but here again preliminary impressions are of very limited interest by those in the 25 to 40 year age group.

In recent years reports have been received of a mild epidemic type of gastro-enteritis and during the summer of 1959 it was fairly prevalent amongst visitors and local residents in this Area. The disease, the main features of which are vomiting and/or diarrhoea is normally of short duration and clears up in 24 to 48 hours without any specific treatment. Although bearing a superficial resemblance to food poisoning it differs from it in that no food poisoning germs can be found in the stools, and spread of the disease resembling as it does the passage of the common cold suggests that the infecting organism is probably airborne from the upper respiratory tract of the sufferer. The cause is unknown but is thought to be a virus as yet unrecognised and unclassified.

At the present time the only communicable disease which gives cause for concern, and remains as a reminder of less happy days is tuberculosis. Whilst it is true that we no longer see the tragic deaths of young adults and talented and useful members of the community in the prime of life there is still an appreciable amount of tuberculous infection about. At one time some ten years ago high hopes

were entertained that with more effective remedies and methods of treatment coupled with improved techniques for discovering cases and a more enlightened attitude to the disease the days of tuberculosis as a major communicable disease were numbered. These hopes have proved to be over-optimistic, and we now know that the problem although it will be eventually reduced to insignificant proportions cannot be expected to resolve and disappear rapidly. More efficient methods of treatment are in some cases a two-edged sword. In the majority of cases quick and effective cures are achieved, but in a certain minority of cases the drugs do no more than keep alive as potential or possible sources of infection persons who would otherwise have died of the disease, and thereby ceased to menace others. The more enlightened attitude to this disease which has been more and more in evidence since the war has not unfortunately been effective in the older section of the community who are very unwilling to accept any suggestion that they might be sources of infection. It is a common finding that elderly contacts of cases are unco-operative or frankly unwilling to attend contact investigations designed to find the source of infection, and they seem very reluctant to attend mass radiography sessions when these are held in a locality. As far as the No. 7 Health Area is concerned there has been a moderate increase in the number of new cases of tuberculosis discovered over the past two years. After a progressive steady fall from 1953 to 1957 the incidence of new tuberculous infection discovered in 1959 was back to the level of 1954. Whereas up to 15 or 20 years ago the main impact of this disease was on the young adult there has in recent years been a shift in the incidence to those in the middle-aged and elderly section of the population and in 1959 the percentage of cases aged 45 years and above at the time of notification was as high as 38%. If any lesson is to be learned from this it is surely that people, who because of their age might have regarded themselves as being safe from the risk of tuberculous infection, should not hesitate to seek advice and should submit to necessary investigation when any chest condition shows a tendency to become chronic or even slow to clear. This is particularly important if as grandparents they have contact with and possibly charge of small children.

Last year I wrote at some length about noise and the role it probably plays in helping to bring about mental strain and fatigue. I was gratified to see that not long after I had committed my sentiments to paper a lively attack on the problem and menace of loud and uncontrolled noise got under way in the correspondence columns of at least one national daily newspaper. This resulted in the formation of a Noise Abatement League or Society, and subsequently a Private Members Bill on the subject was brought before Parliament, and received general support. I sincerely hope that this and any future legislation which might be found necessary will deal firmly and effectively with the increasing volume of unnecessary and unpleasant noise which is such an unwelcome feature of our modern life.

I have on many previous occasions referred to the important, almost indispensable part which members of the general public can and indeed must play if a really satisfactory standard of food hygiene is to be achieved in this country. Those of us who are charged with advising on clean methods of food handling, and on suitable equipment to help achieve this, can do no more than exercise a general supervision of personnel and premises concerned in the handling of food. My own impression is that the greatest danger to clean food stems not from inadequate premises and equipment, but from unhygienic practices by those handling the food. These exist and continue partly because those concerned see no need for high standards in handling food, partly because owners, managers and employees in premises handling food know little of the simple rules for avoiding the transmission of infection through food, but most of all because the great mass of the British public are not really interested in the way in which their food is handled. We have known for some time that our neighbours from Europe, and especially from the Scandinavian countries do not think highly of our attitude to food hygiene. I was interested to read recently an account by a very experienced senior Public Health Officer of a visit to America during which he found amongst the general body of United States residents a much keener appreciation of the need for cleanliness in food handling, and a much less tolerant and laissez-faire attitude toward those who fail in their duty to the customer in this respect. Whilst it is probable that some of this attitude arises from the knowledge that in America illness presents a serious financial problem to the individual or family, it also shows a more critical and more enlightened view of the problem. I do not believe that even the most apathetic of consumers likes the idea of eating dirty and perhaps dangerous food, but until customers take a stronger line with employees and managements, real progress to the goal of really clean food will be slow and discouraging. I think the final word on this subject might rest with our transatlantic cousins whose slogan "Protect yourself yourself" is to the point and makes good sense.

For some considerable time the Cornwall Branch of the Association of Public Health Inspectors has been engaged in the formulation of standard conditions which

owners and operators of caravan and camping sites would be required to comply with before a licence under the Public Health Act 1936, Section 269 would be granted by a County District Council. These new standard conditions are so designed as to achieve clean, hygienic and healthy conditions for caravan dwellers and campers and any new sites should therefore be satisfactory from the public health point of view. These new standard conditions have been generally adopted throughout the County, and their operation will I feel sure in the course of time enhance the good name of Cornwall as a place for a caravan or camping holiday.

In recent years we have seen in Devon and Cornwall a less desirable type of itinerant holiday maker. I refer to those people who either elect or are forced to spend their nights sleeping in cars on roadside verges and lay-bys. That this way of spending a holiday is uncomfortable and fatiguing is largely a matter for those who do it, although I can believe that the participants in a "holiday" of this sort cannot be much of an asset to the organisation which employs them when they return to work. That they should cause the countryside adjacent to their halting places to become untidy, foul and insanitary from their litter and dejecta is something we are all entitled to complain about. My own view of these people is that they are for the most part feckless and irresponsible by nature having either failed to make proper arrangements in advance for their holiday accommodation, or in choosing this way of living without care or consideration for those who have to suffer the trail of filth which they leave in their wake. The fact that the practice has been seen to continue when there is accommodation on camping sites or in hotels, guest houses and farmhouses in the vicinity suggests that however much accommodation is made available some of these people will continue to spend their holidays in this cheap and nasty way. It will however be interesting to see if the provision of more camping sites to which these itinerants could gain admission and on which sanitary arrangements would be provided will do anything to reduce the size of the problem, and the degree of nuisance to landowners and the general public which it brings about each summer.

The report of the Medical Research Council with the title "Sewage Contamination of Bathing Beaches in England and Wales" which was published in December 1959 has occasioned much comment and not a little hostile criticism. This latter critical attitude stemmed from the fear that the negative findings of the Research Committee in their investigation into an association between bathing in water polluted by sewage and disease might lull local authorities into a false sense of security and complacency about their sewage disposal arrangements. In my view this criticism though well-motivated by anxiety to see the problem of sewage contamination of coastal waters and inland waterways tackled, was hasty, ill-conceived and hardly just to the Research Committee. We are all aware of the potential danger which sewage constitutes when present in water and on beaches frequented by bathers. It was in an effort to define and measure more precisely the extent and nature of the hazard to health that the Committee undertook a long and searching enquiry into the matter. At the end of this enquiry they had no alternative but to report that they could discover no evidence that bathing in sewage contaminated water caused disease. I was not surprised at this finding since I have never encountered any case of disease which I could honestly attribute to bathing in sewage contaminated water nor have my colleagues in general practice in this part of Cornwall ever drawn my attention to any such instance. It does not at all follow that because bathing in contaminated water does not appear to be dangerous to health that we can with impunity continue to discharge crude sewage into coastal waters or indeed any waterway. In my Annual Report for 1955 I urged that the necessity for proper means of sewage disposal be assessed largely on questions of public decency and amenity, and less on any potential threat to health. The negative findings of the Research Committee support the view I then took and make it more necessary than ever that this problem be approached from the aesthetic angle. Our claim to be a civilized nation with a high standard of living rings very hollow if we are not prepared to deal energetically with our present disgusting habit of fouling coastal waters, inland watercourses, and land with our dejecta.

Whilst on the subject of sewage disposal I want to refer to a difficulty which is beginning to be felt in the operation of sewage disposal plants. The end result of present methods of treating sewage is the production of a solid residue known as sludge. This material has to be removed regularly from the disposal plant, and it is here that the difficulty arises. Sludge although containing nitrogenous material which renders it suitable as a type of manure, is unpleasant to handle,

and may spread organisms of human, animal, and plant disease to animals and crops. For these reasons it is far from easy and sometimes impossible to get farmers to remove sludge for use on land. As each year more sewage disposal plants are constructed and brought into operation the problem will become more acute. The most promising solution lies in a system which combining specially treated sewage sludge with selected parts of household refuse can produce an acceptable odourless and safe form of compost for use on agricultural land and in market and private gardens. This has the merit of helping to deal with two otherwise troublesome end-products of human existence - sewage sludge, and household and trade refuse - and the conservation and return to the land of nitrogenous materials and humus which might otherwise be lost. The major drawback is the high capital cost of such a plant making it necessary in the case of smaller authorities for several to combine together to provide one on a joint user basis, and this in turn would involve expense in transporting household refuse and sludge from those parts of the district served which are remote from the plant. In spite of this the increasing difficulty of disposing of sludge and of finding sites for properly controlled disposal of household refuse may compel Councils to adopt this or some other system to solve their problems.

With some easing in the demand for houses it has been possible for Councils to devote more attention to housing specifically designed for elderly people. As the drive to clear away old, unhealthy, sub-standard houses and cottages continues many instances of old persons living under very unsatisfactory housing conditions are coming to light. These old people are relieved of much worry if they feel that when the dwelling they live in has to be closed or demolished they can be rehoused in an old persons flat or bungalow instead of having to go to a home or an institution.

In concluding this preface I should like to again express my thanks to all those who in any way have assisted and encouraged me in my work during the year 1959.

I have the honour to be,

Your obedient Servant,

P.J. FOX

Medical Officer of Health.

STAFF

MEDICAL OFFICER OF HEALTH

P. J. FOX,
M.B., B.Ch., B.A.O., D.P.H.

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PUBLIC HEALTH INSPECTOR:

J. MARTIN,
M.A.P.H.I., M.R.S.H., M.R.I.P.H.H.

Church House, Saltash, Cornwall.
Telephone - Saltash 3190.

CLERK:

P. M. WHELL (Mrs).
(to 17th May, 1959)

P. M. KEAST (Miss)
(from 18th May, 1959)

OPERATIVE:

T. M. KELLY.

SECTION A

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area of the Borough	6,257 acres
Registrar Generals Estimate of Resident Population	7,450
Number of Inhabited Houses	2,407
Rateable Value	£35,248
Product of Penny Rate	£342. 12. 1d.

Vital Statistics for 1959.

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Live Births	49	46	95
	<u>Saltash M.B.</u>	<u>Health Area No.7</u>	<u>England & Wales</u>
Birth rate per 1000 of population	13.2	14.0	16.5
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Still Births	-	1	1
	<u>Saltash M.B.</u>	<u>Health Area No.7</u>	<u>England & Wales</u>
Still birth rate per 1000 total births	10.4	20.3	20.7
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths	55	38	93
	<u>Saltash M.B.</u>	<u>Health Area No.7</u>	<u>England & Wales</u>
Death rate per 1000 of population	10.6	12.4	11.6

There were no maternal deaths, and no deaths of infants under one year of age during 1959 in the Borough.

Principal Causes of Deaths at All Ages:

Heart disease	32
Cancer (all sites)	20
Vascular lesions of the nervous system ("stroke")	17
Circulatory disease	7
Respiratory disease	6

Average Age at Death

<u>Males</u>	<u>Females</u>
68	72

The excess of live births over deaths remains quite small and the live birth rate was on the low side. Of the defined forms of cancer, that affecting the stomach, and that involving the lung and windpipes were most numerous, each causing 4 deaths. Of those who died during the year 38% had reached or passed the age of 75 years at the time of death.

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES

FOR THE AREA.

1. Particulars of the Public Health Officers of the Authority:

These particulars are incorporated at the beginning of the Report.

On the 18th May, 1959 Miss P. M. Keast was appointed full-time clerk to the Department in place of Mrs. P. M. Whell (part-time clerk).

2. Committees:

All Public Health matters are dealt with by the Public Health and Housing Committee of the Borough Council.

3. National Assistance Act, 1948, Section 47:

No action under this Section was called for during the year.

4. National Assistance Act, 1948, Section 50:

No burials were arranged under this Section during the year.

SECTION C.

PUBLIC HEALTH CIRCUMSTANCES OF THE AREA.

1. Water Supply:

(a) Quality:

Water continued to be supplied from two main sources - the Plymouth Corporation's Waterworks at Burrator and the South-East Cornwall Water Board's Works at Kit Hill. The quality of water received from both these sources remained highly satisfactory.

Samples of water for bacteriological examination from both supplies were taken regularly during the year by the Public Health Inspector. A total of 53 such samples was obtained. The reports on 49 of the samples were as follows:

"Probable number of coliform bacilli - MacConkey - two days - 37° C. - nil per 100 m.l. - highly satisfactory - Class 1".

The reports on the remaining 4 samples were as follows:

- (i) Probable number of coliform bacilli - MacConkey - two days - 37° C. - two per 100 m.l. Probable number of Bact. coli (type 1) two per 100 m.l.
- (ii) Probable number of coliform bacilli - MacConkey - two days - 37° C. - two per 100 m.l.
- (iii) Probable number of coliform bacilli - MacConkey - two days - 37° C. - five per 100 m.l.
- (iv) Probable number of coliform bacilli - MacConkey - two days - 37° C. - two per 100 m.l.

Careful investigations failed to reveal the cause of these unsatisfactory samples but the trouble eventually corrected itself.

(b) Quantity:

An ample supply of water continued to be available from both main sources. During the period 1st April, 1959 to 31st March, 1960 - 100,624,000 gallons were supplied by the Plymouth Corporation and 14,766,000 gallons by the South-East Cornwall Water Board. Owing to the prolonged drought during the summer a restriction was placed on the use of hose pipes for a period of approximately three months.

(c) Plumbo-Solvency:

The total hardness of water supplied is:

- (i) Plymouth Corporation - 1 p.p.h.t.
- (ii) South-East Cornwall
Water Board - 3 p.p.h.t.

The water from both main sources has little or no action on lead. No cases of lead poisoning were reported.

(d) Proportion of Population supplied from Public Water Mains:

Except for one or two isolated farmhouses, virtually the whole of the Borough has now a mains water supply. The proportion of the population supplied by means of stand-pipes is negligible.

2. Drainage and Sewerage:

No major alterations or improvements were made to the sewerage system during the year. It is again necessary to draw attention to the fact that many of the Borough's sewers are being used far beyond their normal capacity. Increasing development in the town makes it absolutely necessary that a scheme should be prepared without delay to enlarge and modernise the existing sewerage system.

3. Sewage Disposal:

The disposal of sewage continues to be effected by means of five outfalls into the River Tamar and one outfall into the River Lynher. With one exception crude, untreated sewage is discharged.

4. Closet Accommodation:

No conversions from earth closets to water closets were carried out during the year.

5. Public Cleansing:

(a) Refuse Collection:

Refuse collection in the Borough continued to be carried out in a satisfactory manner. The collection takes place once fortnightly in outlying areas, once weekly in the central area and twice weekly in the case of food shops.

(b) Refuse Disposal:

Refuse continued to be disposed of by controlled tipping at the Salt Mill Tip. Every effort was made to comply with Government recommendations in respect of controlled tipping but owing to the exceptional summer weather a serious nuisance was again caused by fly infestation. The tip was regularly treated with insecticides, but owing to the lack of adequate covering material it was impossible entirely to abate the nuisance.

(c) Salvage:

The recovery and collection of textiles and metals continued during the year, the total receipts for the period 1st April, 1959 to 31st March, 1960 being £160 14s. 3d.

Owing to the great distance from paper mills, economic prices are not offered for waste paper and this is no longer salvaged.

(d) Street Cleansing:

An acute shortage of labour rendered it necessary to reduce the number of street sweepers from four men to three. The frequency continued to vary from twice daily to once weekly according to the type of street but the fact that the service was under-staffed resulted in a some-what reduced efficiency.

A privately operated vacuum exhaustor continued to be used when required for the emptying and cleansing of street gullies.

(e) Cesspool Emptying:

When required a cesspool emptying vehicle is hired from a neighbouring authority.

6. Public Conveniences:

Male and female public conveniences are provided at:

Alexandra Square;
Burraton Sports Field;
Ferry Waiting Room;
Longstone Park;
St. Stephens; and
Warfelton Sports Field.

7. Public Health Inspection of the Area:

The inspection of all districts continued to be carried out regularly by the Public Health Inspector. The fact that he is not provided with means of transport, however, has made it impossible for him adequately to fulfill all his duties. During the year under review the following visits and inspections were made by him in connection with:

	No.
Individual unfit houses	31
Houses in proposed clearance areas	11
Moveable dwellings	9
Council houses	30
Improvement Grants	18
Applicants for Council houses	139
Council house exchanges	10
Lodger applications	7
Shed control	15
Grocers' shops	17
Butchers' shops	80
Bakehouses	2
Fishmongers' shops	1
Dairies	3
Milk distributors	1
Ice-cream premises	4
Cafes, etc.	6
Slaughterhouses	96
Food complaints	3
Water supply	56
Ditches, streams, etc.	1
Shops (Shops Act, 1950)	23
Factories	19
Drainage	218
Sewerage	53
Sewage disposal	11
Piggeries	1
Pet shops	1
Keeping of animals	1
Rodent infestations	2
Insect infestations	13
Offensive accumulations	9
Offensive odours	3
Noise nuisances	1
Storage of petroleum spirit	6
	901
Other visits (unclassified)	44
	945

8. Factories Act. 1937:

Co-operation continued to be maintained with H.M. Inspector of Factories in the exercise of the provisions of this Act.

The following tables give the number of factories in the Borough, details of inspections made by the Public Health Inspector and the number of defects found:

(1)
INSPECTIONS

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	5	5	1	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	13	14	-	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	4	-	-	-
Total	22	19	1	-

(ii)
Cases in which DEFECTS were found

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	To H.M. Inspector (4)	Referred By H.M. Inspector (5)	
Want of cleanliness (S.1)	1	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7)					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	-	1	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-	-
Total	1	1	-	-	-

9. Outworkers:

No outworkers were employed in the Borough during the year.

10. Shops Act, 1950:

Twenty three routine inspections of shops were made under this Act during the year. No contraventions were discovered.

11. Pet Animals Act, 1951:

One shop was licensed under this Act during the year.

12. Insect Control:

The Council continued to provide a service for the destruction of insect pests. The following table gives details of treatments carried out during the period 1st April, 1959 to 31st March, 1960.

<u>Type of Infestation</u>					<u>No. of Treatments</u>
Ants	...	...	...	...	2
Beetles	...	...	...	...	8
Fleas	...	...	...	...	1
Flies	...	...	...	...	66
Other	...	...	...	...	1
Wasps	...	...	...	...	33
Woodworm	...	...	...	...	7
Total					118

13. Rodent Control:

The control of rodents continued to be carried out on the lines laid down by the Ministry of Agriculture, Fisheries and Food under the supervision of the Public Health Inspector.

Five hundred and fifty two inspections were made by the Operative, ninety four infestations being discovered. A successful treatment was carried out in the case of each infestation.

SECTION D.

HOUSING

1. Demolition of Unfit Houses:

(a) Clearance Areas:

During the year under review seven houses were demolished in the Waterside Clearance Area No. 3.

No further action was taken in respect of houses in proposed clearance areas.

(b) Individual Unfit Houses:

No individual unfit houses were demolished during the year.

2. Closure of Unfit Houses:

One unfit house was closed for the purpose of human habitation during the year.

3. Repair of Unfit Houses:

Three unfit houses were rendered fit as a result of informal action by the Borough Council.

No formal notices were served during the year.

4. Certificates of Disrepair:

One application for a certificate of disrepair was received during the year, the certificate subsequently being granted by the Council.

5. Improvement Grants:

(a) Discretionary Grants:

In the period 1st April, 1959, to 31st March, 1960, five discretionary grants were made, the grants amounting to £1,233. 14. 2.

(b) In the period 1st April, 1959, to 31st March, 1960, one standard grant amounting to £94. 5. 4. was made.

6. New Houses:

(a) Local Authority:

The Council continued its policy of not providing new accommodation for ordinary housing purposes. One block of flats, comprising four one bedroom flats and four two bedroom flats was, however, completed on the fourth extension of Grenfell Avenue. This accommodation, originally intended for slum clearance purposes was utilised to provide accommodation for families displaced from their homes as a result of demolitions in connection with the new Tamar Road Bridge. At the end of the year under review the Council possessed five hundred and thirty six dwellings made up as follows:-

			No
One bedroom flats	...	...	40
Two bedroom flats	...	...	111
Three bedroom flats	...	...	5
Prefabricated houses	...	...	39
Two bedroom houses	...	...	56
Three bedroom houses	...	...	279
Four bedroom houses	...	...	6
Total	...	...	536

(b) Private:

Forty private dwellings were erected in the Borough during the year.

SECTION E.

INSPECTION AND SUPERVISION OF FOOD

1. Milk:

(a) Source of Supply:

Milk supplied to the town continued to be obtained from several private producers and from a large pasteurising establishment. The supervision and the production of milk on farms continued to be in the hands of the Ministry of Agriculture, Fisheries and Food. The pasteurising establishment was inspected and controlled by officers of the County Council.

(b) Milk Distribution:

Sixteen persons were registered as distributors of milk.

No milk samples were obtained during the year.

(c) The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949 and 1950:

Sixteen dealers' licences authorising the use of the special designation "Pasteurised" were issued during the year.

Two supplementary licences authorising the use of the special designation "Pasteurised" were also issued.

(d) The Milk (Special Designation) (Raw Milk) Regulations, 1949 to 1950:

Fifteen dealers' licences authorising the use of the special designation "Tuberculin Tested" were issued during the year.

2. Meat:

(a) Slaughterhouses:

One private slaughterhouse is licensed in the Borough.

(b) Slaughtermen:

Seven men were licensed to slaughter animals.

(c) Meat Inspection:

All animals slaughtered were inspected according to the method and criteria of meat inspection recommended by the Ministry of Food in Memorandum 3/Meat. The following table gives details of animals slaughtered and inspections made during the year:-

	Cattle Excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	158	-	7	595	9	-
Number inspected	158	-	7	595	9	-
ALL DISEASES EXCEPT TUBERCULOSIS AND CYSTICERCOSIS:						
Whole carcasses condemned	-	-	-	-	-	-
Carcases of which some part or organ was condemned	21	-	-	-	-	-

Percentage of the number inspected affected with disease other than tubercu- losis and cysticercus	13	-	-	-	-	-
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TUBERCULOSIS ONLY:

Whole carcasses condemned	-	-	-	-	-	-
Carcasses of which some part or organ was condemned	-	-	-	-	-	-
Percentage of the number inspected affected with tuberculosis	-	-	-	-	-	-

CYSTICERCOSIS:

Carcasses of which some part or organ was condemned	-	-	-	-	-	-
Carcasses submitted to treat- ment by refrigeration	-	-	-	-	-	-
Generalised and totally condemned	-	-	-	-	-	-

3. Ice-cream:

Seventeen premises were registered under section 16 of the Food and Drugs Act, 1955, for the storage and sale of ice-cream and one for the manufacture, storage and sale of ice-cream.

4. Other Foods:

The following foodstuffs were inspected, found to be unfit for human consumption and were surrendered voluntarily:-

					lbs.	ozs.
Canned Meat	...	...	...	...	122	14
Canned Vegetables	...	...	...	...	30	8
Canned Soup	...	...	...	...	1	0
Canned Fruit	...	...	...	...	70	0
Canned Milk and Cream	...	...	...	...	2	4
Canned preserves	...	...	...	...	13	0
Canned pudding	...	...	...	...	1	0
Meat paste	...	...	...	...		9
Cheese	...	...	...	...		12
Cocoa	...	...	...	...	2	0
Fish	...	...	...	...	10	0
Beef	...	...	...	...	28	0
Total	...	...	...	...	281	15

During the previous year (1958) the amount of food found to be unfit (other than meat at the slaughterhouse) was 429 lbs. 8 ozs. There was thus a decrease during the year under review of 147 lbs. 9 ozs.

5. Food Premises:

(a) The number of Food Premises in the Area, by type of business:

Grocers	...	...	...	...	...	...	...	21
Bakers and Confectioners	...	...	...	...	...	...	...	5
Butchers	...	...	...	...	...	...	...	7
Cafes and Restaurants	...	...	...	...	...	...	...	4
Fish Fryers	...	...	...	...	...	...	...	3
Fishmongers	...	...	...	...	...	...	...	3
Greengrocers	...	...	...	...	...	...	...	4
Dairies	...	...	...	...	...	...	...	1
Distributors of Milk	...	...	...	...	...	...	...	16
Licensed Premises	...	...	...	...	...	...	...	10

(b) The number of Food Premises by type, registered under the Food and Drugs Act, 1955, Section 16:

(i) Ice-cream:

Grocers	...	...	...	...	...	11
Bakers	...	...	...	...	...	3
Cafes	...	...	...	...	...	3
Mixed Premises	...	...	...	...	...	1
						<u>17</u>

(ii) Other:

Butchers (Sausage making)	7
Fish Fryers	<u>3</u>
	<u>10</u>

6. Educational Activities :

No new educational activities were undertaken during the year.

7. Method and Disposal of Unfit Food:

All unfit food continued to be disposed of by burial at the Salt Mill tip. Meat found to be unfit at the slaughterhouse was stained with liquid acid green before removal.

8. Food Poisoning Outbreaks:

No cases of food poisoning were notified during the year.

SECTION F.

PREVALENCE OF AND CONTROL OVER
INFECTIOUS AND OTHER DISEASES

1. Notifiable Disease (other than Tuberculosis). There was a moderate incidence of notifiable disease during 1959 when 257 cases occurred. Of this total 219 were cases of measles which were notified during an outbreak which lasted from the end of May to the first week of August.

The following are details of cases and case rates of notifiable disease during 1959:-

<u>Disease</u>	<u>Actual Cases</u>	<u>Rate per 1000 of population</u>	
		<u>Saltash M.B.</u>	<u>Health Area No. 7.</u>
Measles	219	29.40	8.75
Pneumonia	13	1.74	0.95
Whooping cough	11	1.48	1.24
Scarlet Fever	8	1.07	0.77
Erysipelas	6	0.81	0.18

2. Tuberculosis. The total of 6 cases in 1959 showed a small increase over the previous year's total of 5 cases. Of the six newly notified cases, four were respiratory infections and two were non-respiratory forms of this disease. There was one death attributed to tuberculosis during the year.

The following are details of new cases, deaths, case rates and mortality rates from tuberculosis:-

<u>Age Group</u>	<u>New Cases</u>		<u>Deaths</u>	
	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>
0 - 5	-	-	-	-
5 - 15	-	-	-	-
15 - 25	-	1	-	-
25 - 45	2	2	-	-
45 - 65	-	-	-	-
65 and over	-	1	-	1
	2	4	-	1
	<u>Rate per 1000 of population</u>		<u>Health Area No. 7.</u>	
	<u>Saltash M.B.</u>			
New Cases	0.81		0.77	
All known cases	6.98		6.23	
Deaths	0.13		0.06	

At the end of 1959 there were 46 known cases of respiratory tuberculosis and 6 known cases of non-respiratory tuberculosis resident in the Borough.

APPENDIX 1

PRINCIPAL CAUSES OF DEATH - ALL AGES - 1959

DISEASE	ST.GERMANS R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH AREA NO.7
Heart disease	73	78	32	16	53	27	279
Cancer (all sites)	40	26	20	10	15	19	130
Vascular lesions of the nervous system ("stroke")	36	20	17	7	16	11	107
Respiratory disease	14	11	6	6	2	2	41
Circulatory disease	11	3	7	3	4	-	28
Accidents	7	6	1	2	1	-	17
Genito-urinary disease	4	3	1	-	1	3	12
Digestive disease	2	3	1	-	1	-	7
Suicide	2	3	1	-	1	-	7

* Includes 3 motor vehicle accidents.

APPENDIX 2.

TYPES OF HEART DISEASE AND CANCER CAUSING DEATH - 1959

TYPE OF DISEASE	ST.GERMANS R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH AREA NO.7
Coronary disease, angina	32	30	20	6	8	10	106
Hypertension with heart disease	2	5	-	1	3	2	13
Other heart disease	39	43	12	9	42	15	160
Cancer of stomach	4	4	4	3	1	3	19
Cancer of lung & bronchus	6	-	4	2	4	2	18
Cancer of breast	5	3	2	-	-	2	12
Cancer of uterus	1	3	-	-	-	1	5
Leukaemia	2	-	1	-	-	1	4
Other cancers	22	16	9	5	10	10	72

APPENDIX 3.

DEATHS BY AGE GROUPS - 1959

DISTRICT	0 - 5 YEARS	5-15 YEARS	15-45 YEARS	45-65 YEARS	65-75 YEARS	75 YEARS AND OVER	ALL AGES
ST. GERMANS R.D.	6	1	2	39	61	105	214
LISKEARD R.D.	4	-	9	33	41	77	164
SALTASH M.B.	-	1	2	24	31	35	93
TORPOINT U.D.	-	-	2	9	13	23	47
LISKEARD M.B.	-	1	1	15	28	60	105
LOOE U.D.	-	-	1	15	14	36	66
HEALTH AREA NO. 7	10	3	17	135	188	336	689

APPENDIX 4.

AVERAGE AGE AT DEATH - 1959

DISTRICT	MALES	FEMALES
ST. GERMANS R.D.	69	72
LISKEARD R.D.	67	71
SALTASH MB.	68	72
TORPOINT U.D.	72	71
LISKEARD M.B.	75	76
LOOE U.D.	73	74
HEALTH AREA NO.7	71	73

APPENDIX 5.

TUBERCULOSIS
NEW CASES AND DEATHS IN HEALTH AREA NO. 7 - 1959

<u>AGE GROUP</u>	<u>NEW CASES</u>		<u>DEATHS</u>	
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>
0 - 5 YEARS	1	-	-	-
5 -15 YEARS	1	2	-	-
15 -25 YEARS	1	5	-	-
25 -45 YEARS	6	8	-	-
45 -65 YEARS	5	2	-	-
65 YEARS AND OVER	6	2	1	2
	<u>20</u>	<u>19</u>	<u>1</u>	<u>2</u>

	<u>MALES</u>	<u>FEMALES</u>	<u>TOTAL</u>
NEW CASE RATE PER 1000 OF POPULATION	0.39	0.37	0.77
MORTALITY RATE PER 1000 OF POPULATION	0.02	0.04	0.06

CASE RATES AND MORTALITY RATES PER 1000 OF POPULATION IN
THE SIX COUNTY DISTRICTS IN HEALTH AREA NO. 7 - 1959

<u>DISTRICT</u>	<u>NEW CASES</u>	<u>ALL KNOWN CASES</u> <u>AT 31.12.59.</u>	<u>DEATHS</u>
ST. GERMANS R.D.	0.78	6.16	-
LISKEARD R.D.	0.65	4.83	0.07
SALTASH M.B.	0.81	6.98	0.13
TORPOINT U.D.	0.67	7.73	-
LISKEARD M.B.	1.64	7.96	0.23
LOOE U.D.	0.26	5.82	-
HEALTH AREA NO. 7	0.77	6.23	0.06
CORNWALL COUNTY	0.61	7.23	0.07

APPENDIX 6.

CANCER OF THE LUNG AND BRONCHUS
DEATHS BY AGE GROUPS AND SEXES - 1959

<u>AGE GROUP</u>	<u>MALES</u>	<u>FEMALES</u>
15 - 45 YEARS	-	-
45 - 65 YEARS	7	2
65 - 75 YEARS	6	1
75 YEARS AND OVER	2	-
ALL AGES	<u>15</u>	<u>3</u>

CANCER OF THE LUNG AND BRONCHUS
DEATH RATE PER 1000 OF POPULATION - 1959

	<u>MALES</u>	<u>FEMALES</u>	<u>TOTAL</u>
HEALTH AREA NO. 7.	0.296	0.059	0.355
CORNWALL COUNTY	0.280	0.041	0.321
ENGLAND AND WALES	0.401	0.063	0.464

